

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 267-1809  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: web@drl.state.wi.us  
Website: http://drl.wi.gov

## BOARD OF NURSING

### FACULTY EXCEPTION CHECKLIST

Pre-approval by the Board of Nursing is required for exceptions to faculty qualifications. Please complete this checklist to apply for an exception.

Name of School: \_\_\_\_\_ Program (ADN, BSN): \_\_\_\_\_

Name of Educational Administrator: \_\_\_\_\_

A minimum of 50% of full time and part time faculty must be fully qualified.

Number of fully qualified faculty: \_\_\_\_\_

Total number of current exceptions, including this request: \_\_\_\_\_

### Request for standard exception (one year, may be renewed):

Name: \_\_\_\_\_ Dates of hire: \_\_\_\_\_

Course/clinical being taught: \_\_\_\_\_

#### Must have:

\_\_\_\_\_ BSN degree: School: \_\_\_\_\_ Grad Date: \_\_\_\_\_

\_\_\_\_\_ Active enrollment in MSN program. Is enrolled in  
School: \_\_\_\_\_ Degree: \_\_\_\_\_

Expected Grad Date: \_\_\_\_\_

Provide plan of study with timeline for completion with this request.

[Degree must be MSN or alternate approved by the Board. Currently approved alternates to the MSN are  
MS, nursing; MPH, nursing; masters in nursing education; masters in nursing administration; BSN to PhD  
in nursing, doctorate in nursing science.]

\_\_\_\_\_ 2 years full time (or equivalent) direct care nursing experience, including experience within the last 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Current RN license # \_\_\_\_\_

#### School must provide to standard exception faculty:

\_\_\_\_\_ MSN-prepared faculty supervisor/mentor who assures that the curriculum plan is followed

Name: \_\_\_\_\_

Extent and mode of contact: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Contact should occur throughout the experience, includes verbal/phone discussion on instructional guidelines,  
grading/evaluating performance, joint review of performance problems.]

Is this a request for extension beyond one year? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of first request: \_\_\_\_\_

If yes, provide proof of progress in the MSN program.

[All extensions must be resubmitted with proof of progress and continued active enrollment each year.]

Credits successfully completed in past year: \_\_\_\_\_

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## Request for an emergency exception (8 weeks only)

Name: \_\_\_\_\_ Dates of hire: \_\_\_\_\_

Course/clinical being taught: \_\_\_\_\_

### Must have:

\_\_\_\_\_ BSN degree: School: \_\_\_\_\_ Grad Date: \_\_\_\_\_

\_\_\_\_\_ 2 years full time (or equivalent) direct care nursing experience, including experience within the last 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Current RN license # \_\_\_\_\_

### School must provide to emergency faculty:

\_\_\_\_\_ MSN-prepared faculty supervisor/mentor who assures that the curriculum plan is followed

Name: \_\_\_\_\_

Extent and mode of contact: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Contact should occur throughout the experience, includes verbal/phone discussion on instructional guidelines, grading/evaluating performance, joint review of performance problems.]

Is this a request for extension beyond eight weeks? Yes \_\_\_\_\_ No \_\_\_\_\_

Dates of previous requests and course taught: \_\_\_\_\_

If yes, provide proof of recent unsuccessful recruitment. Emergency exceptions cannot be used to fulfill an ongoing need.

Return form by email, fax or mail to:

Barbara Showers, PhD  
Director Education and Examinations  
PO Box 8935  
Madison WI 53708

barbara.showers@drl.state.wi.us  
FAX: 608-267-1809